

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002518

STATE FILE NUMBER

AMENDED

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 20

FILED JAN 22 1962

1. PLACE OF DEATH a. COUNTY Lawrence County				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora		Length of stay in lb 1 day		c. CITY OR TOWN Aurora		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Aurora Community Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 204 E. Tyndal		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) John Oscar Carter				4. DATE OF DEATH Month Day Year January 15, 1962											
5. SEX Male		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Aug. 14, 1891		9. AGE (last birthday) 70		IF UNDER 1 YEAR Months 5 Days 1		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming				10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer				11. BIRTHPLACE (City and state or country) Halltown, Missouri				12. CITIZEN OF WHAT COUNTRY U S A			
13a. FATHER'S NAME Phillip P. Carter				13b. MOTHER'S MAIDEN NAME Tennie Bell				14. NAME OF HUSBAND OR WIFE Clara Glenn Carter							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. [redacted]				17. INFORMANT Mrs. Clara Carter, Aurora, Missouri.							
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal - Uremia. Cerebral - Thrombosis - Ruptured - Atherosclerosis Diabetes mellitus. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH 4 days. over 10 years.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)											
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year															
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION Aurora, Mo.				COUNTY		STATE			
21. I attended the deceased from 1950 to Jan-15-1962 and last saw him alive on Jan-14-1962 Death occurred at 6:40 a. m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE [Signature]				(Degree or title) M.D.				22b. ADDRESS [Address]				22c. DATE SIGNED 1-15-62			
23a. BURIAL, CREMATORY, REMOVAL (Specify) Burial		23b. DATE Jan. 18, 1962		23c. NAME OF CEMETERY OR CREMATORY Orange Cemetery				23d. LOCATION (City, town, or county) North of Aurora, Missouri				(State)			
24. FUNERAL DIRECTOR Bradford-Surridge, Marionville, Mo.				25. DATE RECD. BY LOCAL REG. Jan. 16, 1962				26. REGISTRAR'S SIGNATURE [Signature]							

(Licensed Embalmers Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 23 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William A. Fuller

Licensed Embalmer No. 4658

P. O. Address Marionville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.